## ATTACHMENT 1 Wisconsin Medicaid breast pump procedure codes

Procedure code	Type of service	Description	Allowable provider types**	Place of service	Max fee	Effective date	Prior authorization requirement	Life expectancy	NH reimb	Copay
E0602	P (Purchase)	Breast pump, manual, any type	24, 26, 44, 54, 58	3—doctor's office 4—home	\$55	10/01/02	Initial purchase does not require prior authorization (PA).	1 per lifetime	***	**** \$3.00
E0603	P (Purchase)	Breast pump, electric (AC and/or DC), any type*	24, 26, 44, 54, 58	3 — doctor's office 4 — home	\$155	10/01/02	Initial purchase does not require PA.	1 per lifetime without PA	***	**** \$3.00
E0604-KH (Use KH modifier for starter kit)	R (Rental — first 30 days only)	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	24, 26, 44, 54, 58	3 — doctor's office 4 — home	\$3.06/ day	10/01/02	Initial rental does not require PA.	Ν/A	***	\$0.00
E0604	R (Rental — ongoing after 30 days)	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	24, 26, 44, 54, 58	3—doctor's office 4—home	\$2.06/ day	10/01/02	Required after 60-day rental, includes the initial 30-day rental billed with the "KH" modifier.	N/A	***	\$0.00

<sup>\*</sup>Under this procedure code, Wisconsin Medicaid requires the following specifications. This portable breast pump utilizes suction and rhythm equivalent to the electric or hospital-grade breast pump with an adjustable suction pressure between 100 mm Hg and 250 mm Hg and a mechanism to prevent suction beyond 250 mm Hg. The pump must have an adjustable pumping speed capable of reaching 60 cycles per minute.

<sup>\*\*24 —</sup> federally qualified health centers, 26 — pharmacies, 44 — home health agencies, 54 — medical equipment vendors, 58 — individual medical suppliers. \*\*\*Item may not be submitted separately for nursing home recipients.

<sup>\*\*\*\*\*</sup>Copay is not applicable to home health agencies for procedure codes E0602 and E0603.